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DOUBLE PNEUMONIA—RECOVERY.

[Read before the Suffolk District Medical Society, February 23d, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JAMES AYER, M.D., Boston.

I WAS called to Mr. E. W. G. on the evening of December 24 past, and found him sitting up in bed, with high fever, pulse rapid and full, 100 to the minute, pain of right side, thirst, orthopnœa, and a desire to cough, but no expectoration. Respiration much accelerated, difficulty of articulation, and patient complaining that he "could not get breath."

On percussion, decided dulness was noticed on right chest, all around on a level with the nipple, and from the second to the fifth rib, and on the right back below the angle of the scapula. Mucous râles were abundant and noisy over the larger portions of both chests, front and back. The tongue was covered with a white fur. His whole appearance was that of a very sick man. The heat of the stove was complained of, and the room at first was kept almost without fire. This was partially remedied by keeping towels constantly wet and hung around the air-tight stove; but this proving insufficient, a tin teakettle was afterwards procured, which set down deeply into the stove, and constantly threw out an abundant supply of steam from its open top and nose to maintain a moist atmosphere in the room.

Mr. G. was 62 years old, a very intelligent and active man, a master cooper by occupation, who had always headed his workmen, and had enjoyed perfect health. The only exception to this was an attack of pleurisy, when a young man, in the right side. For several years after this illness, he had suffered in that region from dull pain on exposure or over-exertion. He had ever been an industrious and hard-working man. In flesh, the muscular system was well developed and the fibre firm. No superfluity of fatty tissue, and no blood to spare; his usual weight was 165 pounds.

The following history was given me of the present illness. Mr. G. kept house the day before (Sunday, Dec. 23d), and had taken

simple remedies and attempted a sweat the night before for his "cold." On Saturday, Sunday and Monday he had chills, loss of appetite, hot skin, thirst and difficult breathing, with pain of the side. For ten days previous to this attack he had been engaged with his men, working in a shed on one of the wharves, in melting lard oil sent from the West, and putting it into smaller casks. The weather just before Christmas, it will be remembered, was windy and very cold. The lard was thoroughly congealed and required a high temperature for its liquefaction. To effect this, the shed was battened with boards and afterwards caulked with wool, a large stove was set and kept constantly red hot. The stove, however, was found insufficient, and a second larger, or furnace-stove, was added. All the heat possible was obtained from both. The temperature probably was from 120° to 150° F., though no thermometer was kept on the premises to record the heat; but the inmates were all kept constantly in a profuse perspiration. As the casks were filled, Mr. G. opened the shed door and rolled them away, taking some little time to stow them outside; all this was done in his "shirt-sleeves." In this condition, with no additional clothing except a sack coat, the patient left his work and walked to the Mechanics' Building in Chauncey St. One of his shoes also had a loose sole, which exposed the foot to the chill of the sidewalk. After transacting some committee business there, he returned to the wharf. On his return he felt the first chill, and was sensible of taking a severe cold.

I have been thus minute in describing this extraordinary exposure, that its light may be thrown on the subsequent history of the case. The first question in the treatment was, shall blood be taken? In favor of the remedy there was a full pulse at 100 per minute, orthopnœa urgent, great amount of fever. A few years ago, I confess, I should not have hesitated, but performed venesection *ad deliquium*. But I hesitated. The attack was now three days old; the congestive stage was now in progress. No crepitus on the right chest could be detected, or only to a limited extent on the lower lobe of left lung. The vesicular murmur was entirely obscured by the coarse bronchial râles. Besides, the patient in health had no surplus of blood. The idea of bleeding was abandoned. A solution of tartrate of antimony and potash, one sixth of a grain, was ordered every two hours; pulverized ipecac and opium, half a scruple, at 9 o'clock; a sinapism to right side and a liniment of oil of turpentine and camphorated soap to be rubbed thoroughly over the chest, front and back.

Dec. 25th, morning visit.—Patient much the same as last night. Little or no quiet sleep. Sitting up erect all night. Complains of want of breath. No expectoration. Evening visit.—No special change. Râles universal. Spirits of nitrous ether and liquor of acetate of ammonia in equal parts—a teaspoonful to a glass of water for drink; also linseed tea, with lemon.

26th.—Passed a restless night; very little sleep. Slight perspira-

tion. An increase of cough, with frothy and viscid expectoration. Mucous râles more abundant. As no dejection had taken place for two or three days, a cathartic was ordered. ℞. Infusion. sennæ comp., ℥ ij.; magnesiæ sulph., ʒ ij.; tinct. gaultheriæ, gtt. xxx. M. At evening visit, found that a free action of the bowels had followed the morning dose. Respiration greatly embarrassed, and 24 per minute. A small blister, four by five inches, was ordered to right chest.

27th.—But little sleep. Blister had drawn freely, but afforded no perceptible relief. Respiration 26. Pulse full, 112. Jackson's pill of tartrate of antimony, opium and calomel was prescribed, one pill every four hours, and omit antimonial solution.

At 4 o'clock, P.M., Dr. Gordon met me in consultation. Finds engorgement of chest universal; dulness under the angle of right scapula and over the right side, on a level with the nipple. No evidence of hepatization. Pulse 120. Respiration 26. By Dr. G.'s advice a poultice of bread and linseed was applied to the right side, and the medicines continued.

28th.—Patient a little more comfortable; had a few hours' sleep through the night. Expectoration more abundant and more rusty. Febrile symptoms less urgent.

29th.—Much the same as yesterday. Dyspnœa more urgent. A second blister, five by six inches, to be applied over the top of the sternum.

30th.—Slight decrease of fever. Pulse 104. Respiration 28. Sputa abundant and rusty. Urine scanty and high colored. Sleep interrupted.

31st.—Passed the night a little more quietly. Pulse 104. Respiration 28. Patient takes oatmeal gruel freely.

January 1st, 1867.—Mr. G. had a more quiet night than heretofore. Pulse a little softer, but up to yesterday's mark in frequency. Difficulty of breathing less. He continued pretty comfortable through the day.

2d.—Passed a more quiet night. Expectoration free, and not so high colored. Respiration less labored, and 26 per minute. Pulse softer, and only 100.

3d.—More sleep through the night, though interrupted. Respiration freer, and same as yesterday. Pulse 100. The crisis of the disease has apparently arrived.

4th.—Several hours' sleep through the night. Symptoms same as yesterday. Whiskey was ordered, in moderate doses; also, cough mixture to be continued.

5th.—The night was spent in a restless manner; patient dozed but little. During the night the pulse ranged from 86 to 100, and respiration 30 to 32. Beef tea to be added to the diet, and milk punch.

6th.—Little sleep through the night, and only by snatches. Pulse

100. Respiration 28. Râles of chest diminishing and crepitation increasing. Expectoration abundant and slightly tinged with blood.

7th.—Night passed as heretofore. Small specks of purulent matter float in the sputa. On putting the ear below the right scapula, distinct tubular respiration and broncophony are heard. The affected portion appears to be at present limited to a moderate space.

8th.—Increase of puriform sputa. Tubular respiration more distinct and dulness on anterior wall of right chest.

9th.—Mr. G. spent a better night, and slept two or three hours. Pulse 88 to 90. Had his head lowered a little from the erect posture.

10th.—More comfortable. The tubular breathing more distinct. Purulent sputa increasing. A cup of coffee allowed this morning for the first time. The patient continued in this way, improving daily, except that the tubular breathing was gradually increasing in strength for ten or twelve days, and the purulent sputa kept apace. The cavernous sound, however, at length began to contract and the pus to diminish. The diet was improved, soups, broiled quails and chickens being added. The tongue began to clean; respiration less labored, but patient yet sleeps in erect posture.

12th.—Mr. G. expresses himself as having experienced the most quiet and comfortable night during his illness. Pulse 80. Respiration 24. Cough moderate and expectoration free. Little pain of right side.

16th.—Patient continues to improve. He takes a little cider and wine, in addition to whiskey. Tubular breathing yet noticeable, but diminishing.

19th.—Patient passed a comfortable night, and slept quietly till 6.30, A.M. He is so comfortable that his faithful watcher and friend proposes to discontinue the morning bulletin.

From the last date, the improvement was uninterrupted to February 1st, when from some little exposure while sitting up, he must have taken a slight cold; this, in connection with acidity of the stomach and constipation, induced a febrile attack, with pain of right side, dyspnœa and aggravated cough. Again he returned to the upright posture, and used the shoulder elevator, which he had almost abandoned. All these symptoms passed away in a week's time. Afterwards the convalescence progressed without interruption. Every visit revealed an increasingly improved condition of both lungs. The vesicular murmur was gradually returning, and the tubular sounds and broncophony had almost entirely disappeared. In some portions, however, crepitation, both large and small, was noticeable, as the inflammation gradually gave way. Nutritious diet, with stimulants, was relied upon to bring up the system. Morphia, in one-quarter-grain doses, if needed to procure sleep, and cough mixtures, were also employed.

February 14th.—Found Mr. G.'s pulse 72, full and soft; respiration 18, and nearly free; no pain or tympanites. He is able to sit up a greater part of the day. An exploration of the chest shows that the right chest is generally resonant on percussion, except in the vicinity chiefly affected dulness is yet noticeable. The vesicular murmur generally is distinct to the ear, with a slight mucous râle, confined to a small patch of the right lower lobe. No crepitus could be detected. Dulness decided under the angle of right scapula, and in the side and front on the same level. The bronchial respiration has disappeared. On taking a full inspiration, the patient complains of no pain. For the last two weeks he has been able to lie down in bed, and speaks of returning the elevator to the Massachusetts General Hospital. He walks into the adjoining room, but his gait is feeble; the knees and lower extremities are very weak; twenty pounds of flesh have probably been lost in this illness.

Much credit is due in the management of this case to good nursing, to the intelligence and zeal of the different members of the family in carrying forward my treatment, and in seconding every suggestion. This energy was not intermitted, although Mrs. G., soon after the crisis of his disease, was seized violently with colic, from the effects of which she did not recover for two weeks.

Another fortunate circumstance aided us materially. Mr. C., a warm friend of the family—who had resided many years in Paris, and accustomed to the care of the sick—was fortunately in the city, and served as a faithful watcher every alternate night. His morning bulletin gave an intelligent account of the progress through the night.

There are several particulars in this case deserving of attention:—

1st. The age and vigor of the patient.

2d. The extraordinary exposure.

3d. The severity of the attack, and the extensive surfaces involved.

4th. The good condition Mr. G. is attaining after so desperate a struggle with a disease so frequently mortal.

MEDICAL BOTANY OF NORFOLK COUNTY.—NO. II.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Josiah Noyes, M.D., of Needham.

Quickly responsive to the shrill piping from the innumerable tenants of our meadows and stagnant waters, and warmed from above by the genial sun's rays, and from below by the earth's coöperative influence, the vegetable world rouses from its dormant and desolate state and assumes the appearance of renewed life. The meadows and shaded places are often the first to exhibit the appearance of

returning spring. Many plants, as though forgetful of the order of nature, put forth flowers before leaves; among which are the elm (ulmus), hazel, alder, maple, blood-root and skunk-cabbage, &c., the last of which, though it has borne the various generic names of Pothos, Ictodes, Dracontium and Symplo-carpus, receives from all its deserved and appropriate specific designation of fœtidus, as the olfactories will never mislead you in the recognition of this plant. It is accredited for stimulant, antispasmodic and narcotic powers, and is given in doses of ten to twenty grains. By drying, it loses strength. The leaves are sometimes applied to abraded surfaces, or follow the vesicating plaster as a subsequent dressing. Its principal use is as an addition to expectorant mixtures, a diffusible stimulant and anodyne in nervous disturbances and commotions. It has doubtless, in its recent state, and in free, full doses, considerable control over the spasmodic dyspnœa of asthma, taking the place, if rightly managed, of stramonium or hot coffee. An extract probably might be formed from it that could be kept without deterioration for a considerable length of time; perhaps an alkaloid might be extracted from it. In meadows and wet land, it may very easily be detected early in the spring, when it appears as a dark-brown or purplish-variegated cone projecting from the earth, without surrounding leaves. These subsequently appear, and are very large, the flowers having disappeared. The flowers can only be detected very early.

Associated with this, you will observe, later in the season, on the borders of brooks and in meadows, a plant with a stalk rising from three to five feet, with handsome, large, plaited leaves, and a large panicle of greenish flowers; this is the famous Veratrum viride, the therapeutic powers of which have come into notoriety through the praiseworthy exertions and investigations of a neighboring District Medical Society. You, of course, are familiar with them, and will not require me to dwell upon this plant now, as the rapid advance of the season, and, of course, vegetation, will call forth the most active and diligent exertions of the botanist to keep pace with it. In strong but modest contrast with these are the Coptis, or gold thread, used in aphthous affections of infants, and Violet—both with modest flowers—a species (pedata) of the latter having demulcent and expectorant powers. From another species (V. odorata), the violina, or violine, said to be analogous to emetine and "highly poisonous" (Orfila), is obtained in the form of an alkaloid.

The violet family, of the natural order Violaceæ, is very numerous, very common along our roads, in pastures, meadows and waste places. Some have white, some yellow, but most blue flowers. Some have already flowered; others will appear successively through the season. The Coptis has a single species, trifolia, and is less common in our vicinity. Of equal modesty is a plant, already flowered, occasionally met with in woods and pastures, of quite diminutive size, the Hepatica, of which there are two species, H. triloba, and

acutiloba, or liverwort. This is a well-known demulcent, and was, for a time, of great repute and notoriety, in all the newspapers and in all the shop windows, as a cure for all coughs, &c. It has had its day, like many others, and is now little thought of, except as a mild and safe demulcent, as said above. The Anemone, or wind flower (anemone), is another genus of the natural order Ranunculaceæ, which includes many acrid plants, has two species flowering early, a little before or about this time, bearing very delicate and pretty flowers, white, with purplish back to the petals; and two large, coarse, hardy species flowering later. Of the former are, A. nemorosa and thulictroides, or, as Gray has it, Thulictrum anemonoides, reversing the terms; and of the latter, A. cylindrica and Virginiana. The Pulsatilla, of some note with some practitioners, you may search in vain for in this vicinity, as it is found at the West.

Other flowering plants, or those that have flowered, or are now in flower, are, Ulmus, elm; Corylus, hazel, hazel-nut or filbert, of the natural order Cupulifera; the Alnus, alder, of natural order Betulaceæ; Salix, willow, several species, of natural order Salicaceæ; Cassandra calyculata, formerly Andromeda calyculata, leather-leaf, of natural order Ericaceæ—a good diuretic and tonic; Acer, maple, of subordinate order Acerineæ, natural order Sapindaceæ; Caltha palustris, marsh marigold, or often called "cowslip," growing in swamps and meadows, with large, bright yellow flowers, now in flower and for the past fortnight, often gathered and used, boiled, for "greens," but of the order Ranunculaceæ, which includes many acrid plants; Polygala paucifolia, in flower about this time, is seen on roadsides under bushes, having a few leaves at the top of the stem, larger than other species seen hereabout, and rubbed between the thumb and finger emits a fragrant odor—its common name fringed polygala and flowering wintergreen—it is expectorant and aromatic. Another species, not found here, is the P. senega, a well known expectorant—natural order Polygalaceæ.

I would call your attention, at this time, to a good astringent found by walls and fences, around the borders of fields and pastures, and under bushes—the Geranium maculatum, cranesbill, of natural order Geraniaceæ, having purple or purplish flowers, modest, yet handsome. The root is the medicinal part, being used in powder or infusion in dysentery and diarrhœa; it is perennial. Other astringents may call for your attention for weeks or months to come, viz., the oaks, birches, willows, in their numerous species and varieties, the Rubus, or blackberry, &c.

The beautiful Cypripedium acaule, lady's slipper, of natural order Orchidaceæ, will be seen in woods, with its inflected, purple-veined, unique flowers (calling the most conspicuous part such), with two large, handsome leaves at the base of the stem. It has some reputation as a tonic, stimulant and antispasmodic; and is, as Dr. King says, "extensively used in nervous disorders of females, both during preg-

nancy and in its absence." The C. pubescens, with yellow flowers, is included in the secondary list of the new revised U. S. Pharmacopœia. This plant, in several of its species, deserves a place in the flower garden. Its alkaloid is cypripedin—dose three grains.

The beautiful and delicate Sanguinaria, bloodroot, now in blossom under my window as I write, is occasionally found within our reach, but more commonly farther back in the State; it is easy of cultivation, and where it gets a foothold will stick and revel as though in its own *habitat*. The flowers are pure white, showy, and precede the leafing; natural order Papaveraceæ. It has with us but one species—S. Canadensis—and is one of our most efficient expectorants; in large doses, ten to twenty grains, a prompt emetic; given in powder, it is also a good escharotic. It takes both its scientific and common name from the color of its juice.

By a nice coincidence, as the destructive caterpillar comes forth about the 20th of April, or a little later, and needs food, the Prunus serotina, wild black cherry, opens its buds to feed it with its young and tender leaves. These seem its most cherished food, though it makes little objection to a taste of the tender leaves of the apple. But my business is not with insects. The Prunus thus introduced to your notice is a valuable tree and medicine; of natural order Rosaceæ. The Prunus Virginiana of the U. S. Pharmacopœia appears to be the serotina of Gray and Cerasus serotina of Wood; and though the U. S. Pharmacopœia calls it P. Virginiana, its bark is said to be of the Cerasus serotina; it possesses tonic and sedative power, and is used in dyspepsia, phthisis, hectic and intermittent fevers. It is said it enters into, and doubtless aids the sale of, "Wistar's Balsam of Wild Cherry" and "Ayer's Cherry Pectoral." The berries of the choke-cherry, P. or Cerasus Virginiana, are strongly styptic, and are used in aphthous affections and looseness of the bowels, as dysentery and diarrhœa. The berries of both species are much used, steeped in spirit, for such complaints.

Of the Elms there are two species, besides a variety introduced, viz., Ulmus Americana and fulva, or American white elm and slippery or red elm—the former the noblest and most graceful ornamental tree used on roadsides and about dwellings, and possessed of astringent powers; and the latter, rare in this vicinity, used as a demulcent. Both have already flowered, but the seeds may yet be seen.

As we abound in tonics and astringents, especially the latter, the Rubus, blackberry; Comptonia, sweet fern; Ceanothus, American tea; Quercus, oak; Sanicula, sanicle; Agrimonia, agrimony; Geum, avens, will claim some attention as the season advances. Two species of the Rubus—R. villosus, tall blackberry, with a stem stiffly erect, and R. Canadensis of Linnæus, but trivialis of Pursh, Bigelow, and others, a trailing plant, whose berries are eaten and sold in the market—have roots valued for their astringency. These are very common around us. The Comptonia asplenifolia, or sweet fern

(though it is no fern), is a well-known, sweet-scented bush, often a perfect miniature tree one to two feet high, combining a balsamic with its astringent property, like the Inula helenium, elecampane, with its expectorant power. The Ceanothus Americanus, New Jersey tea, or red-root, has been used as a substitute for tea, and I wish further experiments might be made with it. A decoction of its root is employed as an astringent, like others of its class, internally in aphthous affections, sore throat and looseness of the bowels, and as an injection in leucorrhœa. It is a bush found among other bushes, and bears dense clusters of small, white flowers in July. It is of the natural order Rhamnaceæ—buckthorn tribe. The avens, Geum rivale, an excellent astringent, is found in wet ground, with purple, nodding flowers. The sanicle, Sanicula, has two species—S. Canadensis and Marylandica—found in woods and pastures, with flowers rather inconspicuous, in small umbels in June, &c.; its medicinal properties are given above. Agrimonia eupatoria, common agrimony, is often seen on roadsides, among bushes and by fences, and is known by its long, branching spikes of yellow flowers, scattered along the stem, with hooked bristles at the base; a good and efficient astringent, and of natural order Rosaceæ, which embraces many of our most useful and safe plants. The same may be said of the Statice limonium, marsh rosemary or sea lavender, growing on salt marshes, abundant in your vicinity, Mr. President, with a profusion of purplish or lavender-colored flowers in a panicled corymb, a foot or two high, of natural order Plumbaginaceæ and artificial class Pentandria, order Pentagynia; flowers in August and September. This must not be confounded with the Rosmarinus, a foreign plant, and of very different properties, though of the same generic and common name, calculated to mislead. Others, perhaps equally interesting, might be noticed had we time, but these will be as many as can be well remembered at this time.

PARALYSIS OF THE PYLORIC PORTION OF THE STOMACH.

By W. G. Frost, M.D., Pownal, Me.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. R., æt. 45, of previous good health, except an occasional attack of bilious derangement, was suddenly attacked, on the 14th of May, with urgent dyspnœa. Severe from the first, the symptoms presently became alarming. She obtained relief in an hour, when an emetic was administered, followed by a cathartic, which operated freely. Through the day following she remained nauseated, but on the 16th was better, and a speedy recovery was expected. She then unwisely ate some rich broth, and presently commenced vomiting, which continued in severe paroxysms till the evening of the 18th. On the 19th she was comfortable, but could not retain food or medicine on

the stomach. The bowels had not moved since the 15th, but there were no signs of mechanical obstruction. There was no pain, no tympanites; the pulse had not been above 70, full, strong and normal; tongue foul; much thirst; skin dry and hot. "A deathly feeling at the pit of the stomach," was all she complained of. On the 20th the bowels had not been moved, and a drop of croton oil was given and accompanied with cathartic enemata. No movement of the bowels followed. Satisfied that physic had been sufficiently tried, it was dropped, and the case, thoroughly investigated, was diagnosticated as one of paralysis. Acting on this decision, the patient was placed on nux vomica, and the electric current was passed from mouth to anus and repeated in three hours.

May 21st.—The patient passed a comfortable night. One operation from the bowels this morning. A physician saw the patient with me in the afternoon. He confirmed the diagnosis, advised the treatment continued, and made a favorable prognosis. Two more operations of the bowels at night.

22d.—Patient is feeling somewhat better. Has taken beef-tea and gruel to-day, and retained them well. Repeated the electrical current and continued the nux vomica. One operation to-day.

23d.—Treatment continued. One operation.

24th.—Gave two compound cathartic pills. Repeated galvanic current. Continued nux vomica. Two operations to-day.

25th.—Patient steadily improving. Discontinued the use of the battery and nux vomica. Bowels respond readily to physic.

Throughout the case the pulse was normal, except under the excitement of the battery it rose to 85, and once to 92.

EXAMINATION OF THE EXTERNAL AUDITORY PASSAGE.

To the Editors of the Boston Medical and Surgical Journal.

In the interesting article from my friend Dr. Shaw, on this subject, in your Journal for May 1nd occurs the following sentence:—"From the great uncertainty which attends the weather, recourse must be had to artificial light, which will be found an efficient substitute" (that is for ordinary daylight or sunlight). One of the great advantages which the method of illumination of von Troëltsch, of which Dr. Shaw justly speaks so highly, is, as it seems to me, the fact that we are *never obliged* to substitute lamp or gaslight for ordinary daylight, even if the weather be cloudy or stormy. I have never as yet seen the daylight which was not sufficient to fully illuminate the auditory canal and membrana tympani, when reflected by the concave mirror. Believing, as I do, that the introduction of this simple means of examination has done more for the advance of our knowledge in ear disease than any one suggestion ever made in this province, I am induced to ask you to insert this as an addendum to an article which has

done a real service to the profession. If I am correct in my views of the adaptability of the mirror to any weather, cloudy or pleasant, its use becomes still more simple.

Respectfully,

New York, June 3d, 1867. D. B. St. John Roosa.

THE FEVER THERMOMETER.

(Concluded from page 370.)

A few months since, a young man, 18 years of age, and by occupation a farmer, presented himself to me with the following symptoms: Had been "feeling badly" for about ten days; slight headache; tongue lightly coated; urine high colored; some diarrhœa; pulse 86. He had no chills; his appetite was not much impaired; his bowels were not tympanitic, and he was performing his regular work upon the farm.

Was this a case of simple malaise, autumnal diarrhœa, or typhoid fever? It did not seem to me easy to decide. But on applying the thermometer to the axilla, the mercury rose rapidly to 103. This enabled me to exclude the two former, and the patient was according warned that his disease was probably typhoid fever, and was advised to take his bed, which he was soon glad to do.

Three days after, the symptoms had become well marked, and indicated a case of rather more than usual severity. On the ninth day, there were perceptible signs of convalescence, and the case progressed finely until the thirteenth day, when his symptoms were as follows: Very slight meteorism of the bowels; pulse 76; tongue and teeth clean; no delirium, and a moist skin, the temperature of which was 99. A speedy convalescence was predicted. On making my evening visit, eight hours after, I found him apparently comfortable, but a slightly corrugated appearance about the eyebrows arrested my attention. The pupils were slightly contracted, and he complained of a disagreeable feeling in the head, although no pain. He was in an unusually happy frame of mind, which was the more noticeable as the degree of exhilaration was equal to that caused by the taking of cerebral stimulants. His pulse was a little quicker; otherwise his symptoms were unchanged. There was no suppression of the urine, and he had taken no opiates. Had had considerable company during the day.

Were these symptoms owing to simple fatigue, or to the advent of cerebral disease? The thermometer indicated his temperature at 105°, a rise of six degrees in eight hours. From this fact, I judged that meningitis had supervened, and an unfavorable opinion was at once given. The prognosis was confirmed on the following day by his death, preceded by coma and convulsions.

In making a differential diagnosis between the different forms

of hysteria and the diseases which they so often simulate, I have found the thermometer of almost invaluable aid.

A few days since I was called to a maiden lady, 30 years of age, and found her condition as follows: She had been out the day previous, and wet her feet, which was followed in the evening with chills and cephalalgia. Her temperament was nervous, and her health had been frail for a long time. At the time of my visit, she complained of intense pain in the head, rigidity of the cervical muscles, slight strabismus and great intolerance of light. Pulse 98, and tongue white. Her suffering was apparently intense. She had menstruated regularly ten days before, and this was the first attack of the kind she ever had. Her symptoms were of no slight gravity, especially in these times of cerebro-spinal meningitis. But on careful examination with the thermometer, I found her temperature to be perfectly normal. Consequently my diagnosis was hysteria, and a warm bath, with ten grains of Dover's powder, were ordered. She recovered on the following day.

In the incipient stage of pulmonary tuberculosis, the instrument often enables us to make a positive diagnosis and prognosis, when without it we could at best only conjecture. An illustrative case of this kind has recently come under my observation. A machinist, 24 years of age, who had had two or three attacks of hæmoptysis within eighteen months, was seized with pleuro-pneumonia of the left side. The disease, though violent at first, had nearly subsided at the end of three weeks. A small quantity of fluid remained in the left pleuritic cavity, which occasioned but little inconvenience. He was apparently convalescing very finely. But the heat of the skin remained persistently at 101. This I considered an indication of tubercle, though I could detect none. I gave an unfavorable opinion, but as the friends could not see the need of further attendance, I left my patient under protest. A week later I was recalled, and found my suspicions confirmed by a set of symptoms which indicated plainly that a rapid deposition of tubercle was going on in the upper part of the right lung. His average daily temperature was now from 102 to 103. He died three weeks after, of acute phthisis.

I have found the thermometer quite as useful in the diseases of children as of adults. It is especially so when we find it necessary to exclude from a doubtful group acute hydrocephalus.

Also, it is a point of some interest to note the exact fall resulting from the administration of antimony, veratrum viride, and the warm bath.

My experience in the use of the fever thermometer, though as yet limited, has convinced me of its great practical utility. It has brought to the light of the profession one of the most important phenomena of disease and endowed it with a clear and definite language. He who reads it correctly and brings the principles upon which its

use is founded to bear upon his daily practice with an intelligent discrimination, cannot fail to attain a higher degree of efficiency in his diagnosis and prognosis.

ALTERATIVE LAXATIVE PILL.

To the Editors of the Boston Medical and Surgical Journal.

In the course of a long practice, extending over nearly thirty years, I know of no want that I have more constantly felt than that of some means by which the bowels could be kept in regular order, without producing irritation or debility: especially in females and in sedentary gentlemen, who, with the necessity of unremitting brain-work, cannot, or at any rate do not, allow themselves sufficient re-creation and exercise to keep the system in a healthful state. To meet this want I prepared, three years since, the following formula: ℞. Pil. aloin cum ferro, gr. xxiv.; ext. nucis vom. alc, gr. vi.; pulv. ipecac., gr. vi. M. Fiant pil. No. xviii. Dose, a single pill.

In order to insure as uniform and perfect a result as possible, I procured the services of the excellent practical pharmaceutist of Boston, Mr. Hunnewell, whose aloin and iron I had used. From that time he has continued to make the pills for me, and to my entire satisfaction. So exactly and perfectly have they supplied the want that I had so long felt, that I have thought it worth while to offer them to my professional brethren, and I do so with entire confidence that none who use them will be disappointed in the result.

The pills are small, about one half the usual pill size. One of these, taken each night, keeps the bowels in a regular condition, operating without pain, and of course chiefly by its tonic power; while the whole system gently but surely feels the strengthening effect of the iron and nux vomica.

I think the formula cannot fail to commend itself to those who have considered the causes of this torpor of the bowels in the class of patients to which I have referred; and I am sure no one will be disappointed, who will give the pills a faithful trial. I presume they can be obtained in any desired quantity of Mr. Hunnewell.

Portland, Me., June, 1867. Gilman Daveis, M.D.

Bibliographical Notices.

Dictionnaire Annuel des Progrès des Sciences et Institutions Médicales (An Annual Dictionary of Medical Sciences and Institutions). By P. Garnier, M.D., &c. &c. (Third Year, 1866.) One vol., 12mo., pp. 523. G. Baillière, Paris, January, 1867.

The third volume of this work has reached us, bearing renewed and evident proofs of professional success and substantial encouragement.

This is as it should be, for in all the essentials of a summary adapted to the wants of the busy practitioner it surpasses anything of the kind before or since attempted, being in this respect far ahead of any of the Year Books, Retrospects, Abstracts, and the like, that we have ever seen. The author in this volume, says M. Latour its accepted Godfather, has collected and epitomized with accuracy and intelligence all that has been published in the medical world worthy of being retained, and this with a perfect appreciation of the diversified necessities and multiplied interests of the profession. The more and more emphatic encouragements which the work continues to receive are fully merited, as the author, far from resting on his success, bends all his efforts to merit it the more, by improving year by year this interesting publication. More concentrated analyses, more frequent valuations, less reserved criticisms, comments always judicious but now a little less timid, a more extended bibliography, bolder incursions into purely professional matters, richer indications of facts in medical jurisprudence—these are some of the improvements noticeable in the present volume. The work is, in fact, as its title indicates, an annual history of the progress of medical science and institutions.

In attesting to the truth of the above estimate, what more need be said? Nothing—except to advise every one who has not seen the work, and who wishes to keep pace with the times, to procure it at once. Those who have had the previous volumes will not remain long without this.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 20, 1867.

EXPULSION OF MR. BAKER BROWN FROM THE OBSTETRICAL SOCIETY OF LONDON.

The expulsion of Mr. Baker Brown from the Obstetrical Society of London, which we have already briefly mentioned, deserves something more than a passing notice. It is an event which concerns the medical profession everywhere, being a solemn act of a body of enlightened physicians, acting under a strong conviction of duty, and animated by a determination to save the profession from the stigma of a tacit acquiescence in a most reprehensible course of one of its members. Some time since we referred to the controversy then going on in England between Mr. Brown and the opponents of his wholesale operation of clitoridectomy as a cure for epilepsy. We have had no space, nor inclination if we had, to lay before our readers the abominable details and angry correspondence which this controversy has brought out in the English medical journals. It is sufficiently evident that the strongest feeling of indignation must have been aroused to lead to the decisive step which has fixed an uneffaceable stigma upon a man who has heretofore held a high place in the ranks of living surgeons. In order, however, that the final grounds for the action of the Obstetrical Society

may be fully comprehended, we publish the following summary of charges, as we find them in the *Medical Times and Gazette*:—

The charges implied in, or deducible from, the published matters may be thus summed up:—1. "That clitoridectomy has been performed by Mr. Baker Brown on married women without the knowledge and consent of their husbands, and upon both married and unmarried women without their own knowledge of the nature of the operation. It will be seen from the case related by Dr. West, and supported by the authority of Mr. Paget, as well as by the statements of the ordinary medical attendant, the patient herself, and her husband, that the clitoris was removed without the knowledge of her husband, and without the ordinary medical practitioner being consulted as to its propriety, although he was present when the operation was performed. These facts stand admitted by Mr. Brown. The lady herself, 53 years old, declared she had never practised self-abuse, and that the operation was performed without her being cognizant of its nature. Mr. Brown, it will be observed, accuses the lady of malpractices, and endeavors to throw discredit on her testimony, but he does not plainly and directly contradict her declaration that the clitoris was cut off without her knowing anything of the operation until after it was performed."

2. "That Mr. Brown has amputated the clitoris entirely on his own responsibility, and without the concurrence of the patient's ordinary medical attendant, who was, notwithstanding, present at the operation. Conduct so directly at variance with the rules that govern the mutual intercourse of professional men meeting in consultation, cannot fail to compromise the ordinary medical attendant, and to place him in a degraded position."

3. There is quite a minor charge, as to whether Mr. Brown did or did not offer to submit the operation to the judgment of the Council of the Obstetrical Society. On which the Council say, "no available request to appoint a committee ever came before either Council or Society, while, on the other hand, the whole of this correspondence goes to show that, while professing to court inquiry, Mr. Brown was really taking considerable pains to avoid it."

4. The charge of "want of credibility as to matters of fact and detail." As an instance of which may be taken Mr. Brown's letter to the Commissioners of Lunacy, in which he states that the Surgical Home "is not open for the reception of females of unsound mind," coupled with the fact that his book is entitled "On the Curability of certain Forms of *Insanity*, &c.," and that some of the cases of insanity were treated in the Surgical Home.

The answers to these charges were not satisfactory to the Council of the Obstetrical Society, and in accordance with the by-laws a meeting was called at their instigation to consider the question of expelling the offender from the Society. The proceedings of that meeting are reported in full in the London journals, and they present a most painful picture of moral obliquity on the part of Mr. Brown or else of extraordinary mental hallucination. The resolution of expulsion was moved by Mr. Seymour Haden, who gave an account of the previous action of the Council in the matter, and earnestly advocated its adoption. He was followed by Mr. Barnes in a most powerful speech, manly and dignified, but most damaging to the unhappy subject of his remarks. Mr. Brown had an opportunity for a reply, although it must be admitted he was hardly listened to with the patience which justice required at the hands of the Society, and was almost driven, at one time, to give up all attempt at defending himself. Silence was at last obtained, however, and he had a full opportunity for all he chose to say. It must be confessed his argument was most lame and impotent, if fairly reported. Dr. Routh and Dr. Savage said all they could in extenuation of his offences, rather in the way of a plea for mitigation of sentence than as a defence of his malpractices. The Society, however, had evidently made up its mind on the subject, and could hardly listen to any other words than those of condemnation.

The by-laws require a vote of two thirds of those present for the expulsion of a member. The vote for the expulsion of Mr. Brown was 194; against it, 38; non-voters counted as against it, 3, making 41—being 38 more than the number required by the by-laws.

And thus has the Obstetrical Society vindicated the honor of the medical profession in England, and established a precedent which cannot fail to have a salutary influence in restraining the rashness of men, who might otherwise be tempted by a desire for notoriety or a thirst for gain into practices unworthy of its members. The example can hardly be limited in its effect to the community where these painful occurrences have taken place, but must strengthen everywhere the spirit of those who are determined to keep it uncontaminated by the debasing tendencies of the time.

Operations for Cataract at the City Hospital in 1866. MESSRS. EDITORS,—Your issue of March 28th contained a just criticism on a remark made in a previous number (but not by myself), that only two failures had occurred in forty-two operations by extraction; to the effect that eight cases remained under treatment, and their results undetermined.

I have been unable till now to send you a supplementary report, because one patient, living at a great distance, has only yesterday reported himself for observation.

Two more unsuccessful cases must be added to the list of failures. But, in one case, the patient had previously had irido-choroiditis, and an unfavorable termination was considered probable before he was operated on, at his request, as a last resort. The other patient insisted on leaving the hospital at a very early date, though a good result was *apparently* secure at the time of her discharge.

One other case resulted in partial success; the pupil being in some degree obstructed by a portion of capsule. This could readily be torn across, but as the other eye recovered good vision, the patient declines even the slight operation required to complete the result in the second eye.

The other cases resulted successfully; and, in regard to your suggestion that this term is to be considered too indefinite, I would say, that the standard has been, ability to read ordinary print—being that adopted by the American Ophthalmological Society.

Very truly yours,

Boston, June 11, 1867. H. W. WILLIAMS.

MESSRS. EDITORS,—I have learned this afternoon of the death of a very estimable lady in Cambridgeport, thirty-six hours after the removal of a large fibrous tumor and with it nearly the entire uterus. This is the second lady formerly a patient of mine who has lost her life by like reckless and injudicious treatment. Please allow me publicly to protest most solemnly against such practice, and earnestly to beg of my professional brethren everywhere to use their utmost influence to prevent their patients and friends from employing or consulting such practitioners.

Yours respectfully, ASA MILLET, M.D.

Bridgewater, June 8, 1867.

AT a meeting of the physicians in attendance upon Prof. H. R. Storer's course of lectures on the Surgical Diseases of Women, just delivered at Hotel Pelham in Boston, the following preamble and resolutions were adopted:—

WHEREAS, We, the attendants upon Prof. H. R. Storer's first private course of lectures on the Surgical Diseases of Women, being regular practising physicians and surgeons, have long experienced the disadvantages arising from the very imperfect manner in which these subjects have been treated in our various text-books, and by the professors in our colleges; many of the most important diseases and operations being entirely ignored, by men who think deeply and

reason candidly in all other matters pertaining to medicine and surgery; and whereas, we cannot but feel that this class of diseases is the most important, believing it to be the cause of more suffering than any other, therefore,

Resolved, That we tender to Dr. Storer our sincere gratitude for taking the advanced step which he has, thereby giving us, as we hope he will hereafter give others, the opportunity of hearing these subjects discussed thoroughly and impartially.

Resolved, That a copy of these resolutions be presented to Prof. Storer, and sent to the Boston Medical and Surgical Journal and the New York Medical Record for publication. (Signed)

Chas. M. Carleton, Norwich, Conn.	H. Gerould, Erie, Penn.
Daniel Mann, Pelham, N. H.	E. F. Upham, W. Randolph, Vt.
G. E. Bullard, Blackstone, Mass.	G. J. Arnold, Roxbury, Mass.
J. A. McDonough, Boston, Mass.	W. A. I. Case, Hamilton, C. W.
M. C. Talbot, Warren, Penn.	W. L. Wells, Howall, Mich.

Boston, June 15, 1867.

Tumor of the Cerebellum.—The uncertainty of diagnosis in this affection is well illustrated by the following case, which we find in the *Union Médicale*:—

"A case of Tumor of the Cerebellum, communicated to the *Gazette Médicale de Lyon* by M. Français. I hoped, on reading this title, to find something which might help to clear up the functions of the cerebellum, which are still surrounded by obscurity, notwithstanding the numerous works of contemporary physiology; but No! a tumor as large as a pigeon's egg, mammillated, consisting essentially of Robin's cytoblasts, lodged in the centre of the left lobe of the cerebellum, prolonged as far as the opposite side, and to the inferior surface of the tent of the cerebellum, displacing the nervous substance, excavating a bed for itself, this tumor produced only very severe pain in the nape, an extraordinary stiffness of the neck, a kind of torticollis, occipital headache, some epileptiform seizures, a little amblyopia. There was no disturbance of the movements of the life of relation, nor of those of organic life; no affection of the sensibility; no interference with the coördination of movements; no trouble with the generative system. The patient, a young man of 23 years, died slowly in coma, preceded by great prostration and sub delirium."

Contagiousness of Cholera.—We find the following in the *Union Médicale* of May 14th, contributed by one of the Editors, Dr. A. Chereau:—

"Permit me on this occasion to cite a case, almost personal to myself. It needed but this, verified with care, as it has been by me, to place me in the party of the contagionists. It occurred two years since, when the pestilence was committing cruel ravages in Paris.

"One of my patients is a proprietor at Fontenay-le-Fleury, at the very gates of the park of Versailles, of a settlement of workmen, composed of a number of modest dwellings. These tenements form a regular square, enclosing a large court, almost in the open country, far from the village proper. Cholera had never invaded this peaceful place, open to the air, light and sun. A young woman, a resident of this place, came to Paris, to the *rue Dauphine*, for a nursing child, whose mother had died from an attack of virulent cholera; the child was well. Two days after its arrival at Fontenay, it died of cholera; the nurse herself soon followed it, and in eight days the disease attacked many inhabitants of the settlement, killing some, causing extreme suffering in others. The epi-

demic stopped here, in this square of dwelling houses, sparing the principal portion of the village. Wishing to examine the locality for myself, I visited Fontenay. I interrogated the relatives of the victims, of whom I was able to number the whole. I was convinced, by the eloquence of facts, and the declaration of the residents, "It was that unfortunate nurse who brought the cholera to us from Paris!"

Cholera in Ireland in 1866.—The Rev. Samuel Haughton, M.D., F.R.S., in a paper entitled "A Scientific Inquiry into some of the Causes alleged to produce Asiatic Cholera," published in the London *Medical Times and Gazette*, gives a map of Ireland, showing the course of the disease in that island during the last epidemic. The following is his summary of its progressive appearance at various points:—

I. *Dublin.*—This city received its first case of cholera, as I have already stated (p. 164), in the person of a young woman named Magee, who imported the disease from Liverpool into No. 22, City Quay, from which point it spread all over Dublin and the suburban towns, destroying in six months 1193 persons. N. B. The total number of deaths in Liverpool from cholera was 1760.

II. The towns of the *second* grade are *Belfast*, *Dundalk*, *Drogheda*, and *Wexford*. Of these towns, the first three imported their cholera directly, by sea, from Liverpool, and the fourth town, Wexford, received its cholera, by sea, from Cardiff, in South Wales.

III. The towns of the *third* grade are *Mountmellick*, *Athy*, *Mallow*, *Westport*, *Sallins*, and *Limerick*.

In all these cases there was distinct evidence of the importation of cholera, either from Dublin or directly from Liverpool.

Mountmellick.—September 22, 1866.

Sallins.—September 26, a railway porter.

Limerick.—Before September 26.

Cholera was introduced into the neighborhood of *Athy*, and into *Mallow*, directly from Liverpool; and its entrance into *Westport* was traced by those residing in the neighborhood to importation from Liverpool.

IV. The towns of the *fourth* grade are *Arklow*, *Carrick-on-Shannon*, *Longford*, and *Athlone*.

V. The towns of the *fifth* grade are *Carlow*, *Roscommon*, and *Clonmel*. I traced the introduction of cholera into Carlow to a case imported from Dublin.

VI. The towns of the *sixth* grade are *Cork* and *Ballinasloe*. Cork was threatened, early in the season of pestilence, by the arrival of the *Helvetia* off the harbor, crowded with German emigrants, among whom cholera had broken out. The *Helvetia* was ordered back to Liverpool, and imported the disease into that town, from which place it was subsequently introduced into Cork. Ballinasloe received its cholera from Drogheda.

VII. The towns of the *seventh* grade are *Clones* and *Newbridge*. Cholera was introduced into Clones from Dundalk, and into Newbridge from Dublin.

VIII. *Tralee.*

IX. *Mullingar* and *Parsonstown*. Parsonstown received its cholera by importation direct from Sheffield, in England; and this town and Wexford are the only places in Ireland that received cholera from any other centre than Liverpool, directly or indirectly.

X. *Wicklow* and *Killoughter*. The cholera was introduced into Killoughter, as shown on the map, by a herring boat from Balbriggan, and not from Belfast as might be supposed.

XI. *Kilrush* and *Bantry*. The cases of these two towns are described in the letter of Dr. C. C. King already given.

From the foregoing analysis, it appears that of the twenty-nine chief towns named—

Four towns received cholera by steamboat from *Liverpool*

Twenty-three obtained cholera from *Liverpool*, either directly or via *Dublin*, *Drogheda* and *Dundalk*;
One obtained cholera from *Cardiff*;
One obtained cholera from *Sheffield*;
and further, that in every case cholera showed a preference for travelling by railway trains, instead of trusting to epidemic influences.

Iowa State Medical Society.—This body adjourned on Thursday night, May 23d, after a protracted evening session, having been together for the full period of two days. The amount of business transacted was very large, and it was apparent that members of the various standing committees had given a great deal of attention to the various subjects assigned them, and in consequence the reports generally, both written and verbal, attracted deep and absorbing attention, excluding almost entirely extraneous and irrelevant matter from the arena of discussion. Dr. Baker delivered the annual address, the subject of which was, "Medicine not an Exact Science." The discourse was liberal in its tone, full of striking and useful thoughts, and occupied a short half hour in the reading.

Boston Public Baths.—Some idea of the great and growing usefulness of the free public baths may be gained from the fact, that on Saturday last the number of bathers at one of them, that at Cragie's bridge, was over twenty-three hundred, and this is only one of twelve similar establishments.

Infectious, Contagious and Pestilential Diseases.—Dr. E. B. Dalton, Sanitary Superintendent Metropolitan Sanitary District, has notified every physician in the Metropolitan Sanitary District to report to the Metropolitan Board of Health all cases under their care of such diseases as have been declared by said Board to be of an infectious, contagious or pestilential character, and that the following have been so declared:—cholera, yellow fever, smallpox, ship or typhus, typhoid and scarlet fevers, and measles. It is not intended to make these reports public, or to annoy patients or their families with visits from sanitary inspectors, unless when the physician's report shall show the necessity therefor.—*Medical and Surgical Reporter.*

The International Ophthalmological Congress, which was to have held its annual meeting in Vienna, will be held in Paris. This change has been made on account of the expected presence in that city of a large number of men of science during the present summer, and the impossibility of turning the current towards Vienna. The Congress will be opened on the 12th of August, and will be followed immediately by the International Medical Congress.

The Quarterly Journal of Psychological Medicine and Medical Jurisprudence, is to be the title of a new medical periodical to be issued the 1st of July next. The contents will embrace: 1. Original articles on the Physiology and Pathology of the Mind and Nervous System, and on questions of Medical Jurisprudence. 2. Selections and Translations of Memoirs from Foreign Journals. 3. Reviews and Bibliographical Notices. 4. Chronicle of the Physiology and Pathology of the Mind and Nervous System and of Medical Jurisprudence. It will be edited by William A. Hammond, M.D., of New York.—*Medical Record.*

General Association of the Physicians of France.—The eighth meeting of this association was held in Paris on the 29th of April, this being the ninth year of its existence, no meeting having been held in 1865 on account of the epidemic of cholera in Paris. The association numbers 6,293 members; during the past year 136 members have died, and 220 new members have been added. Its

finances are in the most prosperous condition, its capital amounting to 471,535 francs. During the past year the legacies and gifts to the association have been 13,113 francs, and the sum distributed for charitable purposes has been 27,452 francs. Since its foundation it has distributed more than a hundred thousand francs in this way.

Coercion exercised upon Doctors in Peru.—The *Gaceta Medica* of Lima contains the following enactment of the Governor of Arequipa. No medical man is allowed to refuse assistance to any one, either by night or day, under a fine of £10, which may be enforced by the party thus refused. The like penalty is incurred by any apothecary who shall refuse to make up a prescription or to administer any remedy, be it in the course of the night or day.—*London Lancet.*

THE medical profession in Vienna is to be represented at the International Congress at Paris in August by Professors Oppolzer and Sigmund, Dr. Benedikt, Professor Duchek, and Dr. Wittelshöfer.—*Med. and Surg. Reporter.*

DR. DANIEL G. BRINTON, formerly Surgeon and Brevet Lieut.-Col. U.S.V., has become an associate with Dr. S. W. Butler, Editor *Philadelphia Medical and Surgical Reporter.*—*Medical Record.*

DR. MARTYN PAYNE, the venerable Professor of Materia Medica in the University Medical College, has retired from the active duties of his chair, after an acceptable service of twenty-five years, and is now Emeritus Professor. His successor, Dr. William H. Thompson, brings eminent qualifications to the position.—*Ibid.*

The International Sanitary Conference on the subject of cholera, which was formally opened at Constantinople on the 13th of February, 1866, closed its sittings in October last.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 15th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	28	26	54
Ave mortality of corresponding weeks for ten years, 1856—1866	35.2	34.5	69.7
Average corrected to increased population	00	00	77.62
Deaths of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—Relation to General Medicine of the discoveries and advances of Ophthalmology during the last Decade. A translation by B. Joy Jeffries, M.D.—On Bryonia Alba. By John C. Peters, M.D.—Report of Annual Meeting of Rhode Island Medical Society.—Case of Cerebro-spinal Meningitis. By J. Baxter Upham, M.D.

BOOKS AND PAMPHLETS RECEIVED.—Fractures of the Lower Extremity. Treated by the use of the Suspensory Apparatus. By N. R. Smith, M.D., Professor of Surgery in the University of Maryland.—Circular No. 5. War Department, Surgeon-General's Office, May 4th, 1867. Report on Epidemic Cholera.

DEATHS IN BOSTON for the week ending Saturday noon, June 15th, 54. Males, 28—Females, 26. Congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 5—consumption, 13—cystitis, 1—diarrhœa, 1—dropsy, 2—dropsy of the brain, 2—dysentery, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—infantile disease, 1—insanity, 1—jaundice, 1—congestion of the lungs, 2—inflammation of the lungs, 1—marasmus, 3—old age, 1—paralysis, 1—smallpox, 2—syphilis, 1—unknown, 6.

Under 5 years of age, 19—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 30—Ireland, 17—other places, 7.